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EXAMINATION – PATENT OWNER POWER OF
ATTORNEY OR REVOCATION OF POWER OF
ATTORNEY WITH A NEW POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS
FOR REEXAMINATION OR SUPPLEMENTAL
EXAMINATION AND PATENT**

Control Number(s)	90/012,645
Filing Date(s)	September 14, 2012
First Named Inventor	Brian S. Kelleher
Title	Electromyography System
Patent Number	7,470,236
Examiner Name	Jeffrey R. Jastrzab
Attorney Docket No(s)	13958-0110RX1 / 028US1-RX

I. Power of Attorney. This form may be used to change the Power of Attorney in a reexamination or supplemental examination proceeding (or multiple proceedings where merged). This form may also be used to change the Power of Attorney in the patent file; in such a case, a copy of this form will be placed in both the patent file and the reexamination or supplemental examination proceeding.

A. Revocation of Previous Power of Attorney. I hereby revoke all previous patent owner powers of attorney, if any, given:

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- ☐ in the file of the above-identified patent.

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B. Designation of Power of Attorney.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the Customer Number identified in the box at right as my/our attorney(s) or agent(s) to prosecute the proceeding(s)/patent identified above and selected in section I(A), and to transact all business in the United States Patent and Trademark Office connected therewith:

26191

OR

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Authorization for the Power of Attorney is provided by the signature on page 2 of this form.

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III. Authorization for Power of Attorney and (if selected) Change of Correspondence Address

I am the:

☐ Inventor, having ownership of the patent being reexamined.

OR

☒ Patent owner.

Statement under 37 CFR 3.75(c) (Form PTO/SB/96) submitted herewith or filed on 10/19/12

Signature of Inventor or
Patent Owner

Date

Name

Jonathan Spangler

Telephone

858-909-1807

Title and
Company

Vice President and Chief Patent Counsel for NuVasive, Inc.

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. If more than one signature is required, submit multiple forms, check the box below, and identify the total number of forms submitted in the blank below.

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